

## **BEFORE YOU BEGIN**

### **What is Classification?**

Classification is an assessment process, which allows us to group athletes whose impairment causes similar limitations in a particular sport in order to allow for fair competition. Classification is not required for general participation.

### **What is Provisional National Athlete Evaluation?**

This process has been designed to allow athletes who do not have access to a full Classification panel, to gain an indication of whether they are eligible and where they may fit within the National Para Taekwondo classification system. This provisional classification must be given by a certified medical classifier and is conducted in line with International Classification Rules for Para Taekwondo.

All provisional athlete evaluations provide an indication of a classification and are valid until an athlete can be seen by a face to face panel. A provisional classification is generally not valid for national level competition and beyond. Athletes with a provisional classification are not eligible for national rankings and records or team selections.

### **What if I do not agree with my provisional athlete evaluation?**

If you disagree with a Provisional Classification outcome, the usual process would be to present for a face to face athlete evaluation before a full classification panel. Provisional classification, while endeavouring to be an accurate indication of class, is a general guide only and may change upon face to face assessment by a full classification panel.

## **Steps to Completing the Provisional Athlete Evaluation**

### **STEP 1. Complete SECTION 1: Athlete Details and Informed Consent**

The athlete (or parent guardian if under 18 year of age) completes the athlete details and agrees to the terms in the Informed Consent form in the attached. Please leave the Classification Outcome Section blank. This is to be filled in by a trained classifier.

### **STEP 2. Complete SECTION 2: Para Taekwondo Athlete Evaluation Sheet (Provisional Classification Form)**

Athletes are to make an appointment with a local physiotherapist or medical doctor to complete the attached forms in SECTION 2. The Physiotherapist or Medical Doctor is to fill in SECTION 2.

### **STEP 3. Complete SECTION 4: Application Submission**

*(Section 3 is to be left blank to be completed by a trained classifier)*

# Para Taekwondo Provisional Classification Assessment Form Athletes with a Physical Impairment

<b>SECTION 1: ATHLETE DETAILS and INFORMED CONSENT (Athlete to complete)</b>		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone:		
E-mail:		
Date of Birth: ___/___/_____	Gender: M / F	

<b>Classification Outcome (Classifier must complete):</b>		
<b>Sport</b>	<b>Para Taekwondo</b>	
<b>Class</b>	<input type="checkbox"/> <b>Eligible:</b> Class: _____ <input type="checkbox"/> <b>Not Eligible (NE)</b>	
<b>Status</b>	<input type="checkbox"/> <b>Provisional Review</b>  <i>NOTE: Athletes are to attend face to face opportunity at earliest availability for National Level Classification.</i>	
<b>Diagnosis</b>		
<b>Impairment Type</b>	<input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb Deficiency <input type="checkbox"/> Impaired Passive Range of Movement <input type="checkbox"/> Impaired Muscle Power <input type="checkbox"/> Short Stature	
<b>Classifier (Print Name)</b>		<b>Date</b>

<b>Office Use Only</b>
<input type="checkbox"/> Consent Form signed <input type="checkbox"/> Athlete provided with copy of this result sheet on ___/___/_____ <input type="checkbox"/> Entered on Masterlist on ___/___/_____

## SECTION 1 (cont'd)-ATHLETE TO COMPLETE

I \_\_\_\_\_ (print full athlete name)

Understand that:

- Classification is a process that requires me to answer a series of questions about my activity limitation and training; complete activities and sport skills; and may require me to be observed during competition.
- There is a risk of injury in participating in sports-like exercises and activities and confirm that I am healthy enough to participate in the classification evaluation.
- Classification requires me to give my best effort at all times.
- Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
- Classifiers require sufficient medical documentation to complete my classification
- Provisional classification is for the purposes of Australian domestic competition.

I agree to:

- Answer all questions fully, truthfully and to the best of my knowledge.
- Attempt all activities to the best of my abilities and that any intentional misrepresentation of skills, abilities and/or the nature and/or degree of impairment may result in termination of the classification process and/or disciplinary action.

I agree and consent to:

- My classification being completed including:
  - My classification data including supporting documentation will be stored in a confidential database.
  - Relevant information about my classification may be shared with third parties for the purposes of classification only (including but not limited to classifiers, APC and National Federation Classification personnel, International Federation classification personnel)
  - My name, state, year of birth, class and status will be made publicly available on the Australian Taekwondo (ATK) website.

I understand that, as an athlete, I have the following rights during classification:

### **The right to withdraw**

My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-sport competitions

### **The right to respect and confidentiality**

Evaluations will be conducted respectfully, and information obtained during the classification process will be treated confidentially.

### **The right to access my personal and classification data**

I have a right to access and correct the Personal and Classification Data that ATK holds about me under data protection law by contacting ATK.

I have the right to request a copy of the classification data held by ATK.

# Para Taekwondo Provisional Classification Assessment Form Athletes with a Physical Impairment

## The right to challenge a classification decision or process

Any dispute, such as protest or appeal, should be done through the appropriate channels in line with the classification rules.

I allow my data and any video recordings collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Signature: \_\_\_\_\_

## Where athlete is under 18 years:

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## SECTION 2: Para Taekwondo Athlete Evaluation Sheet

This form is for Taekwondo Athletes with a physical impairment seeking a Provisional level classification in Australia. It is used to collect sports specific information that will assist an authorised Classifier to determine a Provisional Para Taekwondo Classification.

The form is marked where the athlete or medical professional is required to complete relevant sections.

### 1. Athletes to complete:

Section 2a	Athlete to complete their personal details, training history and functional skills
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### 2. Medical Professional to complete:

The form is marked where the medical professional (Physiotherapist or Medical Doctor) is to complete.

The medical professional will complete a range of physical measures and tests and record the results on the sheet where required.

This form is divided into sections relevant to an athlete's specific impairment. Medical Professionals should only complete the parts of the form that relate to the athletes impairment.

<b>Section 2b</b>	<b>To be completed for ALL athletes</b>
Section 2c	To be completed for athletes with <u>limb deficiency / dysmelia / amputation, or leg length difference.</u>
Section 2d	To be completed for athletes with <u>impairment in Muscle Power or Passive Range of Movement</u>
Section 2e	To be completed for athletes with Hypertonia / Ataxia / Athetosis

### 3. Sections to leave blank:

Section 3	Sections highlighted in yellow and marked for the authorised classifier to complete should be left blank.
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# Para Taekwondo

## Provisional Classification Assessment Form Athletes with a Physical Impairment

<b>SECTION 2a ATHLETE PERSONAL and SPORT DETAILS</b> (completed by the Athlete)			
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<b>Family Name</b>			
<b>Given Name</b>			
<b>Date of Birth</b>			
<b>State</b>		<b>Gender</b>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
<b>TRAINING AND COMPETITION HISTORY</b>			
Years involved in Taekwondo	Kyorugi		
	Poomsae		
Training sessions per week (TKD)			
Training sessions per week (Other)			
Other Sport History			

<b>SECTION 2b MEDICAL/IMPAIRMENT INFORMATION</b> (completed by Medical Professional)	
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<b>Name</b>	
<b>Profession</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Signature</b>	
<b>Assessment date</b>	

<b>DIAGNOSIS:</b>	
Supporting Medical Specialist Documentation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Congenital <input type="checkbox"/> Acquired <input type="checkbox"/>	If acquired, provide date / /
Progressive / Changing	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Eligible Impairment Type(s)</b>			
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<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Impaired passive range of movement	<input type="checkbox"/> Limb deficiency	<input type="checkbox"/> Short stature
<input type="checkbox"/> Ataxia	<input type="checkbox"/> Athetosis	<input type="checkbox"/> Hypertonia	

<b>Detailed description of impairment(s) and health condition(s)</b>	
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<b>Medications</b>	
<b>Secondary Conditions</b>	Epilepsy Asthma Autonomic Dysreflexia Other _____
<b>Previous Surgery/Botox</b>	
<b>Assistive Devices(sport)</b>	Arm: _____ Leg: _____
<b>Height of Athlete (cm)</b>	

**SECTION 2c: Medical Professional to complete this information for Athletes with Limb Deficiency / Dysmelia / Amputation**

Please document length of **unaffected** and **affected limbs** and anatomical landmarks used.

Upper Limb	Left	Above elbow	Acromion to superior head of radius	_____cm
		Below elbow	Head of radius to radial styloid (or most distal component of residual limb)	_____cm
	Right	Above elbow	Acromion to superior head of radius	_____cm
		Below elbow	Head of radius to radial styloid (or most distal component of residual limb)	_____cm
Lower Limb	Left	Above knee	Greater trochanter to medial joint line	_____cm
		Below knee	Medial joint line to proximal tip of medial malleoli	_____cm
	Right	Above knee	Greater trochanter to medial joint line	_____cm
		Below knee	Medial joint line to proximal tip of medial malleoli	_____cm

**SECTION 2d: Medical Professional to complete this section for Athletes with Impairment in Muscle Power or Passive Range of Movement**

**Daniels and Worthingham Muscle Testing for the assessment of Impaired Muscle Power**

- 0 – No palpable or observable muscle contraction
- 1 – Palpable or observable contraction, without motion
- 2 – Moves without gravity loading over the full ROM
- 3 – Moves against gravity over the full ROM
- 4 – Moves against gravity and moderate resistance over the full ROM
- 5 – Moves against gravity and maximal resistance over the full ROM

Upper Limb		Muscle Power		PROM	
		Left (1-5)*	Right (1-5)*	Left (degrees)	Right (degrees)
Shoulder	Flexion				
	Extension				
	Abduction				
	Adduction				
	Int Rotation				
	Ext Rotation				
Elbow	Flexion				
	Extension				
Wrist	Flexion				
	Extension				
	Supination				
	Pronation				
Hand					
Fingers					

Lower limb		Muscle Power		PROM	
		Left (1-5)*	Right (1-5)*	Left (degrees)	Right (degrees)
Hip	Flexion				
	Extension				
	Abduction				
	Adduction				
Knee	Flexion				
	Extension				
Ankle	Dorsiflexion				
	Plantarflexion				
	Inversion				
	Eversion				



**SECTION 2e: Medical Professional to complete this section for Athletes with Hypertonia / Ataxia / Athetosis**

**Australian Spasticity Assessment Scale (ASAS)**

- 0 – No catch on rapid passive movement (RPM) (ie. No spasticity)
- 1 – Catch occurs on RPM followed by release. There is no resistance to RPM throughout the rest of range.
- 2 – Catch occurs in second half of available range (after halfway point) during RPM and is followed by resistance throughout the remaining range.
- 3 – Catch occurs in first half of available range (up to and including halfway point) during RPM and is followed by resistance throughout the remaining range.
- 4 – When attempting RPM, the body part appears fixed but moves on slow passive movement. (contracture recorded separately).

Test	Left		Right	
Babinski	Yes	No	Yes	No
Clonus (indicate no. beats)	Yes # _____	No	Yes # _____	No
Reflexes UL	Brisk/Different	Normal	Left	Right
Reflexes LL	Brisk/Different	Normal	Left	Right
Spasticity UL (ASAS)	Left = _____		Right = _____	
Spasticity LL (ASAS)	Left = _____		Right = _____	

Upper limb coordination	Description (Circle Applicable)	
	Left	Right
Finger opposition	Symmetrical / Asymmetrical Smooth / Incoordination	Symmetrical / Asymmetrical Smooth / Incoordination
Finger to nose to finger	Symmetrical / Asymmetrical Smooth / Evidence of Ataxia	Symmetrical / Asymmetrical Smooth / Evidence of Ataxia
Rapid alternating supination/pronation of wrist on surface	Symmetrical / Asymmetrical Smooth / Incoordination	Symmetrical / Asymmetrical Smooth / Incoordination

Lower limb coordination	Description (Circle any applicable)	
Gait (slow + fast)		
Heel-toe walking on a line	Smooth	/ Evidence of Ataxia
Single leg stance (secs)		
Hopping on spot (max20)	Left _____	Right _____
Side stepping	Symmetrical Smooth	/ Asymmetrical Incoordination

**SECTION 2f: Medical Professional to complete this section for Athletes with Short Stature**

<b>Height</b>	
Full standing height (cm):	
Predicted adult height (under 18 yrs):	

**SECTION 3: PROVISIONAL CLASSIFICATION DECISION**

**(to be completed by Classifier):**

**Classification Outcome:**

Eligible      Kyorugi / Poomsae (please circle to indicate sport eligibility)

Sport Class: \_\_\_\_\_

Not Eligible

**Classification Level**

Provisional

**Classification Status**

Review

**Rationale for Class Allocated:**

**Classifier Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **SECTION 4 - Application Submission**

### **Submission Checklist**

- Completed Athlete Details and Informed Consent form (Section 1)
- Completed Athletics Classification Evaluation Sheet (Section 2)
- Attach medical documentation if available, from your medical specialist that outlines your diagnosis

### **SUBMITTING APPLICATION**

Submit completed forms via email to - **Australian Taekwondo**

Email: [admin@austkd.com.au](mailto:admin@austkd.com.au)

Your completed application will be reviewed by an accredited National Para Taekwondo Classifier.

Please allow up to 2 months for your application to be processed. Any incomplete or missing information may delay the provisional classification process.

You will be contacted by Australian Taekwondo confirming your Provisional Classification outcome. Your outcome will also be added to the Australian Para Taekwondo Masterlist.

### **For further information and enquiries please contact:**

Australian Taekwondo  
E: [admin@austkd.com.au](mailto:admin@austkd.com.au)  
W: [www.austkd.com.au](http://www.austkd.com.au)  
P: 1300 853 287

